


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

02-13-2004 90002 042 \*\*\*150.00

**DOCUMENT # P0400000605**

1. Entity Name  
**CIRRUS CASHMERE, INC.**




Principal Place of Business      Mailing Address  
**1330 WEST CITIZENS BLVD STE 602**      **1330 WEST CITIZENS BLVD STE 602**  
**LEESBURG, FL 34748**      **LEESBURG, FL 34748**

2. Principal Place of Business      3. Mailing Address  
 Suba, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

66907293  
 00300000



02032004      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
**32-0104112**      Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**POTAPOW, MICHAEL G**  
**1330 WEST CITIZENS BLVD STE 602**  
**LEESBURG, FL 34748**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$650.00**

9. Election Campaign Financing Trust Fund Contribution.       \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	President/CEO	<input type="checkbox"/> Delete
NAME	Richard S. Potapow	
STREET ADDRESS	405 Hope St Ste F	
CITY-ST-ZIP	Stamford, CT 06906	
TITLE	Executive VP/Treasurer	<input type="checkbox"/> Delete
NAME	Scott Allen	
STREET ADDRESS	40 Brighton St.	
CITY-ST-ZIP	Englewood, NJ 07631	
TITLE	Vice President/Secretary	<input type="checkbox"/> Delete
NAME	MARIA FRISCIA	
STREET ADDRESS	1354 72nd Street	
CITY-ST-ZIP	Brooklyn, NY 11228	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: M. Potapow      M. Potapow Reg. Agent      2/9/04      352-728-6618

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #